
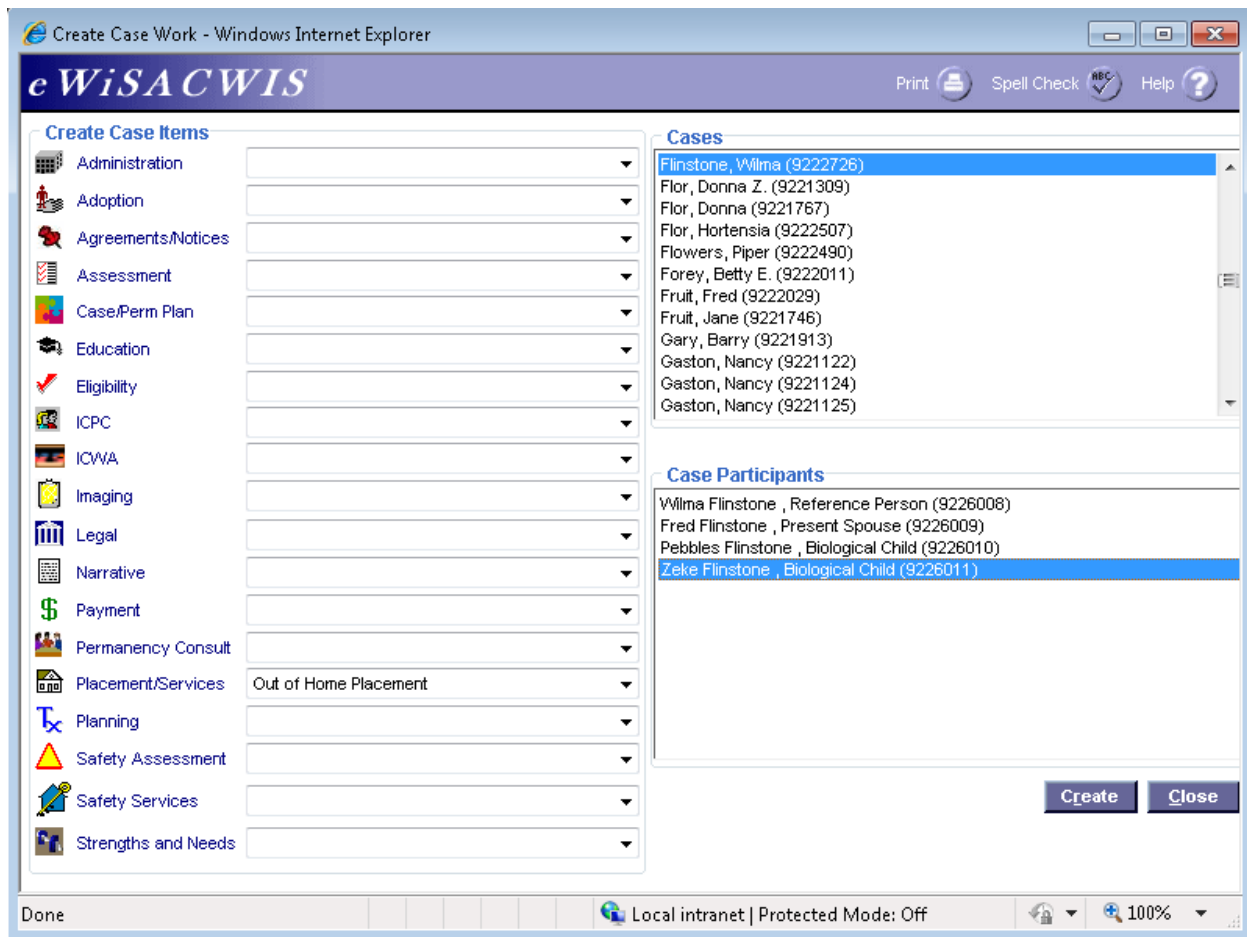


## Creating an Out of Home Placement

**Note:** In order to create an Out of Home Placement, an assignment to the case is needed.

1. From the desktop, click Create > Case Work or click the Case Work hot button . This will open the Create Case Work page.
2. On the Create Case Work page, select Out of Home Placement from the Placement/Services drop-down. Select the Case and the Case Participant that is being placed in the Out of Home Placement. Click on the Create button. This will open the Out of Home Placement page.



The screenshot shows the 'Create Case Work' web application in a Windows Internet Explorer browser window. The application has a purple header with the 'eWiSACWIS' logo and navigation links for Print, Spell Check, and Help. The main interface is divided into two columns. The left column, titled 'Create Case Items', contains a list of categories with corresponding icons and dropdown menus: Administration, Adoption, Agreements/Notices, Assessment, Case/Perm Plan, Education, Eligibility, ICPC, ICWA, Imaging, Legal, Narrative, Payment, Permanency Consult, Placement/Services (currently set to 'Out of Home Placement'), Planning, Safety Assessment, Safety Services, and Strengths and Needs. The right column contains two sections: 'Cases' and 'Case Participants'. The 'Cases' section lists several cases, with 'Flinstone, Wilma (9222726)' selected. The 'Case Participants' section lists participants for the selected case, with 'Zeke Flinstone, Biological Child (9226011)' selected. At the bottom right of the right column are 'Create' and 'Close' buttons. The browser's status bar at the bottom indicates 'Done', 'Local intranet | Protected Mode: Off', and a zoom level of 100%.

3. On the Service tab of the Out of Home Placement page, enter the applicable data values. The County field will pre-fill with your county.

Out of Home Placement - Windows Internet Explorer

**eWiSACWIS**

Child: Flinstone, Zeke (9226011) Case Name: Flinstone, Wilma (9222726) Request Number:

Service Provider ICWA

**Placement Information**

County: Milwaukee

Removed From Home: 00/00/0000

Placement Begin: 00/00/0000

Placement End: 00/00/0000

VPA/VTILA Effective: 00/00/0000

**Service Category:**

**Service Type:**

**Placement Setting:**

Child Specific Costs: N/A

Current Basic Costs:

Supplemental Costs:

Exceptional Costs:

Administrative Costs: \$0.00

Costs > Spending Limit: \$0.00

Current Monthly Payment:

**Removal Reasons**

☐ This is an Adoptive Placement

☐ This is a CPS Non-Conforming Placement

☐ This is an Emergency Situation

☐ After Hours Placement

☐ Child is an American Indian child as defined by statute.

**Child Removal From Home Information**

Manner: Primary Caretaker:

Options: Go Save Close

4. Enter the Removed From Home date if it is a removal from Out of Home Placement.

**Note:** If you right click on any date field a calendar will pop-up allowing you to choose your date.

5. eWiSACWIS will automatically enter this same date into the Placement Begin field. You may edit this date if needed.



- The Removal Address and Reasons page will appear asking for the Removal Address and Removal from Home Reasons. The address will pre-fill from the case address please update as necessary and select all appropriate Removal from Home Reasons.

**Note:** These are AFCARS fields and are required.

**Removal Address and Reasons -- Webpage Dialog**

**eWiSACWIS** Print Spell Check Help

**Removal from Home Address**

This address is pre-filling from the existing case address. Please review and update if needed, to ensure this is the accurate address at the time of removal.

☐ Homeless

Street: 123 Stoneview Rd. Apt:

WI City:

City: Dallas State: WI Zip: 54733 County: Milwaukee

**Removal from Home Reasons**

Check All That Apply

<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Inadequate Housing
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Child's Behavior Problem
<input type="checkbox"/> Neglect	<input type="checkbox"/> Child's Disability
<input type="checkbox"/> Caretaker's Alcohol Abuse	<input type="checkbox"/> Incarceration of Caretaker(s)
<input type="checkbox"/> Caretaker's Drug Abuse	<input type="checkbox"/> Death of Caretaker(s)
<input type="checkbox"/> Child's Alcohol Abuse	<input type="checkbox"/> Caretaker's Inability to Cope
<input type="checkbox"/> Child's Drug Abuse	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Unknown-AAFC Conversion	<input type="checkbox"/> Relinquishment

Continue Close

- The Placement End date is a view only field.
- The VPA/VTILA Effective date is a user entered field.
- The Removal Reasons hyperlink will take you to the Removal Reasons page described in step 6.
- Select the appropriate Service Category, Service Type, and Placement Setting.

**Note:** For the Foster Care Service Category, the Placement Setting will be disabled until you have searched out a provider (via the Provider tab).

- The Child's Level of Need is a view only field that pre-fills from the child's CANS.

12. The Provider's Level of Care is a view only field that pre-fills from the provider's licensing information.

**Note:** The Provider's Level of Care will be blank until you have searched out the provider (via the Provider tab).

The screenshot shows the eWiSACWIS web application interface. At the top, there's a header with the application name and navigation links. Below the header, there's a section for 'Child' information, including 'Child: Flinstone, Zeke (9226011)', 'Case Name: Flinstone, Wilma (9222726)', and 'Request Number:'. The main content area is divided into tabs: 'Service', 'Provider', and 'ICWA'. The 'Service' tab is selected, showing the 'Placement Information' form. The form includes several fields: 'County' (Milwaukee), 'Service Category' (Foster Care), 'Service Type' (Foster Home (Level 2+)), 'Placement Setting' (Fstr Fam Hm (Non-Rel)), 'Removed From Home' (02/01/2015), 'Placement Begin' (02/01/2015), 'Placement End' (00/00/0000), and 'VPA/VTLA Effective' (00/00/0000). There are also checkboxes for 'Removal Reasons' and a section for 'Child Specific Costs'. A red circle highlights the 'Child's Level of Need' and 'Provider's Level of Care' fields, which are currently blank. At the bottom, there's an 'Options' dropdown and 'Save' and 'Close' buttons.

Out of Home Placement - Windows Internet Explorer

eWiSACWIS

Child: Flinstone, Zeke (9226011) Case Name: Flinstone, Wilma (9222726) Request Number:

Service Provider ICWA

Placement Information

County: Milwaukee

Service Category: Foster Care

Service Type: Foster Home (Level 2+)

Placement Setting: Fstr Fam Hm (Non-Rel)

Removed From Home: 02/01/2015

Placement Begin: 02/01/2015

Placement End: 00/00/0000

VPA/VTLA Effective: 00/00/0000

Removal Reasons

☐ This is an Adoptive Placement

☐ This is a CPS Non-Conforming Placement

☐ This is an Emergency Situation

☐ After Hours Placement

☐ Child is an American Indian child as defined by statute.

Child Specific Costs: N/A

Current Basic Costs:

Supplemental Costs:

Exceptional Costs:

Administrative Costs:

Costs > Spending Limit:

Current Monthly Payment:

Child's Level of Need:

Provider's Level of Care: 2

Options: Go

Save Close

100%

13. The Current Basic Costs is view only and will display after the page is saved.
14. The Supplemental Costs and Exceptional Costs are pre-filled from the Foster Care Rate page once the rate is approved.
15. The Administrative Costs is a pre-filled field from the Foster Care Rate page and should reflect the Administrative costs of the provider's parent agency. The Costs > Spending Limit is also pre-filled from the Foster Care Rate page and should reflect any "Maintenance" costs that exceed the \$2000.00 spending limit.
16. The Current Total Monthly Payment will calculate all of the above fields to show the monthly payment. In the case of a daily rate, this field will display what the monthly payment will be for the current month.
17. The Child Specific Costs is a user entered field and will only be enabled for certain Service Types.
18. The Child Removal From Home Information group box provides an area to describe how the child was removed from his or her home. Select the appropriate values. If a value is chosen indicating the Caretaker Structure is a Married Couple or Unmarried Couple then both the Primary and Secondary Caretaker fields will be enabled.

☐ After Hours Placement

☒ Child is an American Indian child as defined by statute.

Current Monthly Payment:

**Child Removal From Home Information**

**Manner:** Temporary Physical Custody

**Primary Caretaker:** Wilma Flinstone

**Caretaker Structure:** Married Couple

**Secondary Caretaker:** Fred Flinstone

KIDS Referral

19. Complete the answers to the questions in the KIDS Referral group box. Referrals are sent nightly to Child Support after the Out of Home Placement has been approved.

**Caretaker Structure:** Married Couple

**Secondary Caretaker:** Fred Flinstone

KIDS Referral

**KIDS Referral**

Referral applies to: Both parents

Is this referral in the best interest of the child? ☒ Yes ☐ No

Is this placement expected to be long term? ☒ Yes ☐ No

Is the worker aware of a court order for child support OR is this otherwise an appropriate case to refer for child support services? ☒ Yes ☐ No

**Note:** Answering ‘Yes’ to Question # 1 or Question #3 of the KIDS referral section will enable the ‘Referral applies to’ drop-down field.

Question #3 of the KIDS referral section will be enabled after approval if several specific criteria are all true. This allows workers to trigger a referral after a placement has been approved.

- Placement is still open.
- Placement is for a paid service type.
- KIDS question #3 is No.
- A referral was not already sent.
- A referral is not open in another case.

20. Click on the Provider tab and click on the Search hyperlink (see the related Quick Reference Guide on Search). After the provider has been selected, the Provider tab will pre-fill with the provider’s name and address information.

The screenshot displays the eWiSACWIS web interface. At the top, a purple header bar contains the logo and navigation links: TM, Print, Spell Check, and Help. Below the header, a white box labeled 'Child' contains the text: 'Child: Flinstone, Zeke (9226011)', 'Case Name: Flinstone, Wilma (9222726)', and 'Request Number:'. Below this, a blue bar contains two tabs: 'Service' and 'Provider'. The 'Provider' tab is selected. Below the tabs, a white box labeled 'Provider Information' contains a search form. A pink arrow points to a blue 'Search' hyperlink. The form includes fields for 'Name:', 'ID:', 'Contact:', 'Actual Name of Default/Historical Provider (if applicable):', 'C/O:', 'Street:', 'Apt:', 'City:', 'State:', 'Zip:', 'Country:', 'Phone:', 'Ext:', 'Fax:', 'Alt Phone:', 'Alt Ext:', and 'Email:'. Below the 'Provider Information' box, there are two more tabs: 'Payment Information' and 'School District Information'.

21. The Search Provider Service page will allow you to identify the provider the child was placed with. Search results are dependent on Search Criteria. In this example, we are looking for any provider that offers a "Foster Home (Level 2+)" service and has bed availability. We could further narrow our search results by adding other criteria such as County, or Provider Name.

**Search Provider Service -- Webpage Dialog**

**eWiSACWIS** Print Spell Check Help

**Search Criteria**

Service Category: **Foster Care** Service Type: **Foster Home (Level 2+)**

Provider ID:  Provider Name:  First Name:  ☒ By Availability

County:  Site #:  ZIP Code:

Age:  Gender:  Parent Agency ID:

Search Precision:  Low Med High **Search**

Family/Provider Accepts

Record 1 to 3 of 3

**Providers Returned**

- ☐ Bird, Larry (9221016) Open Foster Home Milwaukee Des: Milwaukee Larsson, Branch
- ☐ Owens, Kathleen (9221420) Open Foster Home Vilas Des: Vilas Cake, Caitlin M.
- ☐ Provider, Female (9221778) Open Foster Home Milwaukee Des: Milwaukee Cake, Caitlin M.

**Continue Close**

22. Select the appropriate target population from the Target Pop drop-down.

**Payment Information**  
Parent Agency: Sally McGwire  
Target Pop: Details  
☐ Override Parent Agency rule  
Total Clothing Allowance Disbursed:

**School District Information**  
Provider's School District Code:

**Kinship Care**  
Relationship of Child to Kinship Provider:

- The Details flair describes the differences of the various selectable Target Populations. Target Population is important in identifying the appropriate fiscal stream for these out-of-home care costs, so it is important that the correct Target Population is identified.

**Target Population**

**CHIPS - abuse and neglect** - Includes children who are, or are alleged to be, abused and neglected. Child abuse is the physical injury of a child by other than accidental means under s.939.22(14) or sexual intercourse or contact with a child under s.940.225. Child neglect is when a person having temporary or permanent control over a child has neglected, refused, or been unable, for reasons other than poverty, to provide the necessary care, food, clothing, medical and dental care, or shelter so as to seriously endanger the physical health of the child.

**CHIPS - other** - Includes children who are alleged to be, or have been found to be in need of protection and services under some s.48.13 sections. Does not include children who are, or are alleged to be, abused and/or neglected as defined in values 61, 62, or 63. Also does not include children under s.48.13 who are in the Status Offender Category defined in code 69.

**Delinquent** - Includes children alleged to be delinquent and referred to court intake as well as children, ages 10 and over, who have been found to be delinquent by a court.

**JIPS** - status offender - Includes children who are alleged to be, or have been found to be status offenders.

**Voluntary Placement** - Includes Children in an Out-of-Home Placement (of type Foster Home, Treatment Foster Home, or Group Home) where a formal signed agreement between the county, the parent, and the child (if age 12 or older) exists and no court order has been issued. A foster home or treatment foster home placement under a voluntary agreement may not exceed 180 days from the date on which the child was removed from the home under the voluntary agreement. A group home placement under a voluntary agreement may not exceed 15 days from the date on which the child was removed from the home under voluntary agreement.

Target Pop: CHIPS - Abuse and Neglect (NYA - 61) Details Algoma - 0070

☐ Override Parent Agency rule

Total Clothing Allowance Disbursed:

**Kinship Care**  
Relationship of Child to Kinship Provider:

Split Payment

Options:  Go Save Close



23. Select the school district from which the provider lives. Note, this may be different than the school district from which the child is attending school.

The screenshot shows a web form with three main sections:

- Payment Information:** Includes a text field for "Parent Agency: Sally McGwire", a dropdown menu for "Target Pop:" with a "Details" link, an unchecked checkbox for "Override Parent Agency rule", and a text field for "Total Clothing Allowance Disbursed".
- School District Information:** Includes a dropdown menu for "Provider's School District Code:".
- Kinship Care:** Includes a dropdown menu for "Relationship of Child to Kinship Provider:".

24. If the Out of Home Placement is with a foster home and there is a name other than the foster home provider's name in the Parent Agency field and the payment is to go directly to the foster home provider, then check the Override Parent Agency rule checkbox. If the Override Parent Agency rule checkbox is not selected, eWiSACWIS will generate the automatic payment(s) to the Child Placing Agency.
25. The Total Clothing Allowance Disbursed field will display the sum of all clothing allowances that have been paid out on behalf of the child during this applicable episode period. The child must be discharged from all placements for at least 120 days before he or she is eligible for another clothing allowance.
26. The Kinship Care group box reflects the relationship of the Kinship provider to the child and is only required when documenting a Kinship placement.
27. The Split Payment group box allows you to split the payment for cost of care between two separate providers. This is done as follows:
- Check the checkbox labeled "Check if this is a split payment." Once this checkbox is selected, the Method radio buttons and the Search hyperlink are enabled.
  - Choose either the Fixed or Percent method of calculating the split payment. Choosing the Fixed method activates the Fixed Amount field where a specific dollar amount of the total provider payment can be designated as a payment to the second provider. Choosing the Percent method activates the Percentage Amount field where the user can specify a percentage of the total provider payment to be paid to the second provider.
- Note:** Only one method may be selected at a time. However, the method can be changed at any time.

Total Clothing Allowance Disbursed:	Relationship of Child to Kinship Provider: <input type="text"/>
<b>Split Payment</b> ▼	
<b>Split Payment</b>	
<input checked="" type="checkbox"/> Check if this is a split payment	
Split Provider Name: ID: <a href="#">Search</a>	<b>Method</b>
Percentage Amount: <input type="text" value="0.0000"/> Fixed Amount: <input type="text" value="\$0.00"/>	<input type="radio"/> Fixed <input checked="" type="radio"/> Percent
Options: <input type="text"/> <input type="button" value="Go"/>	
<input type="button" value="Save"/> <input type="button" value="Close"/>	

*A completed Provider tab may look similar to this:*

Out of Home Placement - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check ABC Help ?

Child  
Child: Flinstone, Zeke (9226011) Case Name: Flinstone, Wilma (9222726) Request Number:

**Service Provider ICWA**

Provider Information  
**Name:** [Kathleen Owens \(9221420\)](#) [Search](#) **Contact:**  
Actual Name of Default/Historical Provider (if applicable):  
C/O:  
Street: 101 North Street Apt: 303  
City: Madison State: WI Zip: 53702 Country: United States  
Phone: (608)555-4444 Ext: Fax: Alt Phone: Alt Ext:  
Email:

Payment Information  
Parent Agency: [Kathleen Owens \(9221420\)](#)  
Target Pop: CHIPS - Abuse and Neglect (NYA - 61) [Details](#)  
☐ Override Parent Agency rule  
Total Clothing Allowance Disbursed:

School District Information  
Provider's School District Code:  
Madison Metropolitan - 3269

Kinship Care  
Relationship of Child to Kinship Provider:

Split Payment

Options:  [Go](#) [Save](#) [Close](#)

100%

28. There are a number of notices that are available for use under the Options drop-down.

Out of Home Placement - Windows Internet Explorer

**WisACWIS** TM Print Spell Check Help

**Child**  
Child: Flinstone, Zeke (9226011) Case Name: Flinstone, Wilma (9222726) Request Number:

**Service** **Provider**

**Provider Information**  
Name: [Sally McGwire \(20193\)](#) [Search](#) Contact:  
Actual Name of Default/Historical Provider (if applicable):  
C/O:  
Street: 111 Clint Black Street 2500 South Apt: 12  
City: Milwaukee State: WI Zip: 53295 Country:  
Phone: (708)258-1236 Ext: Fax: Alt Phone: Alt Ext:  
Email:

**Payment Information**  
Parent Agency: [Sally McGwire \(20193\)](#)  
Target Pop: CHIPS - Abuse and Neglect (NYA - 61) [Details](#)  
☐ Override Parent Agency rule  
Total Clothing Allowance Disbursed:

**School District Information**  
Provider's School District Code:  
Milwaukee - 3619

**Kinship Care**  
Relationship of Child to Kinship Provider:

Split Payment

Options: [Go](#) [Save](#) [Close](#)

**Actions**  
**Notices**  
30 Days Notice to Foster Parents  
Denial of Kinship Care Payment and Appeal Rights  
ICWA Notification Letter  
Kinship Child Support Notice  
Notice of Change of Placement-CFS-2079  
Notification of Emergency Removal From FH Child in Home 6 Months+  
Notification of Emergency Removal From FH Child in Home Under 6 Months  
Objection Notice-CFS-2129  
Placement Difficulties and Disruption  
Referral to Out of Home Care Child Characteristics/Needs

Done [Text](#)  
[Text](#)

Local intranet | Protected Mode: Off 100%

29. Return to the Service tab and complete the Placement Setting if applicable. Select “Approval” from the Options drop-down and click Go. This will open the Approval History page. Click on the Approve radio button and then click on Continue. This will route the approval of the Out of Home Placement to your supervisor.

The screenshot shows a web application window titled "Child Removal From Home Information". The form contains the following elements:

- Placement Settings:**
  - ☐ This is a CPS Non-Conforming Placement
  - ☐ This is an Emergency Situation
  - ☐ After Hours Placement
  - ☐ Child is an American Indian child as defined by statute.
- Costs:**
  - Administrative Costs: \$259.00
  - Costs > Spending Limit: \$189.00
  - Current Monthly Payment: \$289.00
- Child Removal From Home Information:**
  - Manner:** Temporary Physical Custody
  - Primary Caretaker:** Wilma Elington
- Options:** A dropdown menu is open, showing the following options:
  - Actions
  - Approval (highlighted)
  - Non-Conforming Reasons
  - Text
  - Text
- Buttons:** "Go", "Save", and "Close".
- Footer:** "Done", "Trusted sites" with a green checkmark, and a zoom level of "100%".

## ICWA Tab:

The ICWA tab is available to you only if the child being placed has been documented with a Race of “American Indian/Alaskan Native.” The screen shot below illustrates the documentation of the American Indian values on the child’s Person Management page.

Person Management 'Flinstone, Zeke (9226011)' -- Webpage Dialog

**eWiSACWIS** TM Print Spell Check ABC Help ?

**Basic** Parent Info Additional Address Education Characteristics Medical/Mental Health

**Name**  
ID: 9226011 Prefix: [v] First Name: Zeke MI: [v] Last Name: Flinstone Suffix: [v]  
[Person Type:](#) JJ

**Basic**  
**Gender:** Male [v] US Citizen Status: U.S. Citizen [v] County Person ID: [v]  
**Birth Date:** 05/05/2006 Citizenship Verification: [v] SSN: [v]  
Commitment#: - Birth Place: [v] Death Date: 00/00/0000  
Wisconsin Resident: Yes [v] Identity: [v] HSRS ID: [v]  
Religion: [v] **Marital Status:** [v] MCI ID: [v]  
☐ Interpreter Required Primary Language: English [v] Second Language: [v]  
Third Language: [v] Fourth Language: [v]

**Race/Ethnicity/Tribal Identification**  
**Race:** American Indian/Alaskan Native [v] **Ethnicity:** [v] **Hispanic/Latino:** [v]  
Race: [v] Indian Tribe: Bad River Band [v] Indian Tribe 2: [v]  
Race: [v] Clan: [v] Clan 2: [v]  
Race: [v] **Status:** Member [v] Status 2: [v]  
Race: [v] Tribal Membership #: [v] Tribal Membership # 2: [v]

**Adoption Information**  
Options: [v] **Go** **Save** **Close**

It is required by statute to document the steps taken to find a placement option for a Native American child. The statute presents a hierarchy or placement preferences which need to be followed. The ICWA tab outlines, in order, this placement preference hierarchy.

You should first look to a “member of the Indian child’s extended family” for a placement option. If there is no one that meets that criteria that is a viable placement option, then you should look to a “foster home license, approved or specified by the Indian child’s tribe.” Again, if there is not a viable placement option that fits in this criterion then one will proceed to the next level of placement providers.

The goal is to place the Indian child in the least restrictive placement setting that meets the child’s needs.

The screen shot below illustrates what the Out of Home Placement page looks like with the ICWA tab enabled.

**Out of Home Placement - Windows Internet Explorer**

**eWiSACWIS** TM Print Spell Check ABC Help ?

**Child**  
 Child: Flinstone, Zeke (9226011) Case Name: Flinstone, Wilma (9222726) Request Number:

**Service Provider ICWA**

**ICWA Placement Provider Options**

Updated by: Out of Home Care and Placement Preferences: 48.028(7)(b) 938.028(7) Adoption Placement Preferences: 48.028(7)(a)

☐ Tribal Representative Notified Date Notified by Mail 00/00/0000

Placement Preference	Describe the action taken to comply with statutory placement preferences.		
Member of the Indian child's extended family		Insert	
Foster Home licensed, approved or specified by Indian Child's Tribe		Insert	
Indian Foster Home licensed or approved by non-Indian authority		Insert	
Group Home approved or operated by Indian Tribe/Organization		Insert	
Institution for children approved or operated by Indian Tribe		Insert	
Other		Insert	

**Save Close**

Done Local intranet Protected Mode: Off 100%

30. The “Tribal Representative Notified” check box should be checked and the “Date Notified by Mail” field completed upon notifying the Tribal representative of a placement need.

31. Placing your mouse over the underlined statutes provides the statutory language supporting the process for identifying a placement preference for children placed under both Chapters 48 and 938. There is also an underlined statute which provides a distinction between a standard placement and placement preferences for children moving through the Adoption process.

Out of Home Placement - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help ?

Child: Flinstone, Zeke (9226011) Case Name: Flinstone, Wilma (9222726) Request Number:

Service Provider ICWA

ICWA Placement Provider Options

Updated by: Cake, Caitlin, M. 02/09/2015 Out of Home Care and Placement Preferences: Adoption Placement Preferences:

☒ Tribal Representative Notified Date Notified by Mail 02/01/2015 48.028(7)(b) 48.028(7)(a)

**48.028(7)(b)**

(b) *Out-of-home care or preadoptive placement; preferences.*

Any Indian child who is accepted for an out-of-home care placement or a preadoptive placement shall be placed in the least restrictive setting that most approximates a family, that meets the Indian child's special needs, if any, and that is within reasonable proximity to the Indian child's home, taking into account those special needs. Subject to pars. (c) to (e), in placing an Indian child in an out-of-home care placement or a preadoptive placement, preference shall be given, in the absence of good cause, as described in par. (e), to the contrary, to a placement in one of the following, in the order of preference listed:

1. The home of an extended family member of the Indian child.
2. A foster home licensed, approved, or specified by the Indian child's tribe.
3. An Indian foster home or treatment foster home licensed or approved by the department, a county department, or a child welfare agency.
4. A group home or residential care center for children and youth approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the needs of the Indian child.

Member of the Indian child's extended family  
Foster Home licensed, approved, or specified by Indian Child's tribe  
Indian Foster Home licensed or approved by non-Indian tribe  
Group Home approved or specified by Indian Tribe/Organization  
Institution for children approved or specified by Indian Tribe  
Other

Save Close

100%



32. The screen shot below illustrates entry of a placement option that fits into the category of a “Member of the Indian child’s extended family.” In this example, it was determined that Grandma Flintstone was a viable placement option. This is indicated in the column labeled “Describe the action taken to comply with statutory placement preferences” next to the Placement Preference column.

Out of Home Placement - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check ABC Help ?

**Child**  
 Child: Flintstone, Zeke (9226011) Case Name: Flintstone, Wilma (922726) Request Number:

**Service Provider ICWA**

**ICWA Placement Provider Options**

Updated by: Cake, Caitlin, M. 02/09/2015 Out of Home Care and Placement Preferences: 48.028(7)(b) 938.028(7) Adoption Placement Preferences: 48.028(7)(a)

☒ Tribal Representative Notified Date Notified by Mail 02/01/2015

	Placement Preference	Describe the action taken to comply with statutory placement preferences.		
Member of the Indian child's extended family	Grandma Flintstone	Verified that Grandma is a viable option	Insert	
Foster Home licensed, approved or specified by Indian Child's Tribe			Insert	
Indian Foster Home licensed or approved by non-Indian authority			Insert	
Group Home approved or operated by Indian Tribe/Organization			Insert	
Institution for children approved or operated by Indian Tribe			Insert	
Other			Insert	

Save Close

100%

33. Clicking the Insert button will create a blank row just below that row. This row will have a “Delete” hyperlink associated with it. The row can be deleted at any time prior to final approval of the placement. Once the placement is approved the Delete hyperlink will disappear and the row will be frozen.

**Note:** If the insert button is clicked for a row of a “Member of the Indian child’s extended family” then a new row of the same type will be created just below that row. If the insert button is selected for a row of “Foster home license, approved or specified by Indian Child’s Tribe,” then a new row of the same type will be created just below that row.

**Out of Home Placement - Windows Internet Explorer**

**eWISACWIS** TM Print Spell Check ABC Help ?

**Child**  
Child: Flinstone, Zeke (9226011) Case Name: Flinstone, Wilma (9222726) Request Number:

**Service Provider ICWA**

**ICWA Placement Provider Options**

Updated by: Cake, Caitlin, M. 02/09/2015 Out of Home Care and Placement Preferences: 48.028(7)(b) 938.028(7) Adoption Placement Preferences: 48.028(7)(a)

☒ Tribal Representative Notified Date Notified by Mail 02/01/2015

	Placement Preference	Describe the action taken to comply with statutory placement preferences.		
Member of the Indian child's extended family	Grandma Flinstone	Verified that Grandma is a viable option	Insert	
Foster Home licensed, approved or specified by Indian Child's Tribe	Uncle Flinstone	Verified that Uncle's home was a viable	Insert	
Indian Foster Home licensed or approved by non-Indian authority			Insert	
Group Home approved or operated by Indian Tribe/Organization			Insert	
Institution for children approved or operated by Indian Tribe			Insert	
Other			Insert	

Save Close

100%

34. Once the Out of Home Placement is fully approved the ICWA tab freezes and is no longer modifiable.

Out of Home Placement - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**Child**  
 Child: Flinstone, Zeke (9226011) Case Name: Flinstone, Wilma (9222726) Request Number:

**Service Provider ICWA**

**ICWA Placement Provider Options**

Updated by: Cake, Caitlin, M. 02/09/2015 Out of Home Care and Placement Preferences: Adoption Placement Preferences:

☒ Tribal Representative Notified Date Notified by Mail 02/01/2015 48.028(7)(b) 48.028(7)(a)  
 938.028(7)

	Placement Preference	Describe the action taken to comply with statutory placement preferences.		
Member of the Indian child's extended family	Grandma Flinstone	Verified that Grandma is a viable option	Insert	
Foster Home licensed, approved or specified by Indian Child's Tribe	Uncle Flinstone	Verified that Uncle's home was a viable option	Insert	
Indian Foster Home licensed or approved by non-Indian authority			Insert	
Group Home approved or operated by Indian Tribe/Organization			Insert	
Institution for children approved or operated by Indian Tribe			Insert	
Other			Insert	

Save Close

100%